
CAP MISSION PILOT CHECK RIDE REQUEST APPROVAL

STEP 1: Request the check-ride

I request funding for a ☐ CAP Form 5 or ☐ CAP Form 91 check-ride in a _____ (type aircraft). I am requesting reimbursement for _____ (1.0 or 1.5) hours of flight time for a total cost of _____. I certify that this flight is intended to meet the requirements of CAPR 60-1. I _____ (do or do not) currently have a valid Form 5 or Form 91.

Date of last valid Form 5 was _____ or Form 91 was _____.

I understand that reimbursement will not exceed the dollar amount authorized below for this check-ride, and that I will be responsible for all cost exceeding this amount. I also understand that flights flown without authorization, before the effective date, or after the approval date will not be reimbursed.

UNDER NO CIRCUMSTANCES WILL FERRY TIME BE REIMBURSED.

NOTE: This request form is for mission pilot (SAR/DR) reimbursements under CAPR 60-1.

PILOTS PRINTED/TYPED NAME: _____

PILOTS ADDRESS: _____

PILOT'S TELEPHONE NUMBER _____

Your filing this form for compensation constitutes agreement with all statements made on this form.

STEP 2: Obtain Authorized Wing Approval (DO/DOV) or disapproval

☐ The above request is **approved** for reimbursement not to exceed \$ _____. (1 hr@32.00 + fuel for VFR; 1.5 hrs@32.00 + fuel for IFR in a C182 type aircraft. Other aircraft require special authorization prior to checkride). The check-ride effective date (window) is from _____ to _____ (30 days authorized).

☐ The above check-ride is **disapproved** for the following reason:

Signed:

Date:

Title:

TRACKING NO:

STEP 3: Complete check-ride and return this request/report to the Wing FIN Office

The check-ride was **successfully** flown on _____ (date), with _____ hours flown. (This form must be accompanied by a completed and current CAP Form 108 for reimbursement that is signed by the PIC.)

EXAMINEE NAME:

DATE:

CHECK PILOT SIGNATURE:

DATE:

Note: THIS FORM MUST BE SIGNED BY THE CHECK PILOT – TYPE NAMES WILL NOT SUFFICE.

INSTRUCTIONS:

This form is intended to be e-mailed or faxed to each representative's office.

1. Pilot initiating request should fill in top of the form.
2. Pilot initiating request e-mails form to Wing DO **or** Wing DOV for approval/authorization.
3. Wing representative approves/disapproves request and forwards copy of the form now bearing the approval/disapproval to Wing FIN **AND** Pilot initiating request.
4. The pilot flies the check ride as intended and forwards **HARDCOPY** of CAPF 108, fuel receipts and copy of SIGNED and completed IDWF-60 to Wing FIN for reimbursement.

**Attachment 1. Aircraft Flying Hour Minor Maintenance Payment Rates CAPR173-3
EFFECTIVE 3 MAY 2002**

Type 1	Type 2	Type 3	Type 4	Type 5
\$22.00	\$30.00	\$32.00	\$42.00	\$47.00
<130HP	130-199 HP	200-249 HP	250-299 HP	300 HP or >
C150 C152	C172-150 C172- 160/180/195 C177-180 Beech BE-23 Husky Maule M- 4/5/6/7-180 Mooney M20- 180 Piper PA-28- 140/150 Piper PA-28- 160/180 /181 Piper Arrow- 180	C172RG C172XP C177RG C177-200 C182 Beech BE-33- 225 Maule M-4-200 Maule MT-7- 235 Mooney M20- 201 Mooney 231/252TSE - 210 Piper Arrow- 200/201 /201T Piper PA-28- 235	C182RG T182 C182-250 C182-265 U206-285 C210-285 Beech A36-285 Beech BE 33/35-285 Piper PA-32- 260	T182RG U206-300 T206 C210-300/310 DH2 Beaver Piper PA-32- 300/301T Piper PA-32R- 300 /301T Piper PA-32- 300

Notes:

1. Reimbursement rates have been established to encourage the use of economical, mission capable aircraft.
2. Use of member-furnished single-engine aircraft shall be approved in advance by the Wing/Region Commander or Director of Operations (Wing Counterdrug Officers/Region Counterdrug Directors and Wing/Region Directors of Emergency Services can be delegated this approval authority by the Wing/Region Commander).
3. Aircraft fuel, lubricants and de-icing payments are authorized for participation in Air Force assigned reimbursable missions and are in addition to the above rates (receipts required).
4. Corporate glider tow aircraft are reimbursed at the appropriate rate for their type classification. Reimbursement for non-corporate glider tows participating in the Cadet Programs Glider Flight Orientation Program will be based on the actual cost of the tow (receipts required).
5. Glider Flight Reimbursement will be on an actual cost basis until sufficient data is collected to determine an appropriate and accurate reimbursement rate. Submit receipts for all expenses incurred by each glider to NHQ CAP/LGM for payment or reimbursement. Major maintenance actions require a control number from NHQ CAP/LGM **prior** to repairs being accomplished. Major maintenance actions include: fabric replacement, glider repainting, interior work and avionics replacement. Submit receipts for these actions when repairs are completed. Submit all other maintenance expenses monthly. **ORIGINAL RECEIPTS ARE REQUIRED FOR ALL PAYMENTS/REIMBURSEMENTS.** Tail number accounting principles must be followed for gliders just as they are for powered aircraft.
6. These rates apply to corporate-owned aircraft. Member-furnished single-engine aircraft add \$10 per hour for normally aspirated engines and \$17 per hour for turbocharged engines.
7. Alaska, Hawaii, and Puerto Rico will increase these aircraft rates by 15% to offset the higher cost of living in these areas.
8. To properly figure the reimbursement authorized, multiply the total number of hours flown times the rate allowed for the appropriate aircraft type classification to determine the amount reimbursed for aircraft minor maintenance. Add to the aircraft minor maintenance reimbursement, the total for actual fuel, lubricants and de-icing expenses. The sum of these amounts will then be multiplied by 15% (for CD missions only) to determine the administration, operation and equipment fee reimbursement. Add the sum of the aircraft minor maintenance reimbursement plus actual fuel and oil expenses to the administrative fee reimbursement (if applicable) to determine the "total" reimbursement. If a single-engine aircraft is not listed in any of the categories, determine the "Type" from the table above by the aircraft's horsepower (HP) or contact NHQ CAP/LGM at (334) 953-6032.
9. The use of all twin-engine aircraft, for any mission, requires prior approval from the wing/region and NHQ CAP/DO. Wing/Region Commanders (Region Counterdrug Directors for counterdrug missions) should send approved requests well in advance to doadmin@capnhq.gov. Once approval has been obtained from NHQ CAP/DO, the NHQ staff will determine the reimbursement rate and notify the wing/region in writing.